

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF UTAH

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Sunrise Hospice, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-1725787

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1940 & 1950 South 375 East
Orem, UT 84058

Number, Street, City, State & ZIP Code

Utah

County

1748 Glendell Drive
Orem, UT 84059

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Sunrise Hospice, LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor **Sunrise Hospice, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Sunrise Hospice, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 13, 2017**
MM / DD / YYYY

X /s/ Matthew A. Baker

Signature of authorized representative of debtor

Matthew A. Baker

Printed name

Title **Managing Member**

18. Signature of attorney

X /s/ Darren Neilson

Signature of attorney for debtor

Date **December 13, 2017**

MM / DD / YYYY

Darren Neilson

Printed name

Neilson Law, LLC

Firm name

**2150 S. 1300 E.
Suite 360
Salt Lake City, UT 84106**

Number, Street, City, State & ZIP Code

Contact phone **801-207-9500**

Email address **darren@neilsonlaw.co**

15005

Bar number and State

ASSETS

| | | |
|------------------------------|----|---------------------|
| Current Assets | | |
| Checking Account | \$ | 25.89 |
| Prepaid Expenses | | 150.00 |
| | | <hr/> |
| Total Current Assets | | 175.89 |
| Property and Equipment | | |
| Building #1 | | 1,753,563.51 |
| | | <hr/> |
| Total Property and Equipment | | 1,753,563.51 |
| Other Assets | | |
| | | <hr/> |
| Total Other Assets | | 0.00 |
| | | <hr/> |
| Total Assets | \$ | <u>1,753,739.40</u> |

LIABILITIES AND CAPITAL

| | | |
|-----------------------------|----|---------------------|
| Current Liabilities | | |
| Accounts Payable | \$ | 2,184.57 |
| | | <hr/> |
| Total Current Liabilities | | 2,184.57 |
| Long-Term Liabilities | | |
| Long Term Debt | | 1,250,950.85 |
| | | <hr/> |
| Total Long-Term Liabilities | | 1,250,950.85 |
| | | <hr/> |
| Total Liabilities | | 1,253,135.42 |
| Capital | | |
| Retained Earnings | | 127,543.69 |
| Member's Contribution | | 367,728.11 |
| Net Income | | 5,332.18 |
| | | <hr/> |
| Total Capital | | 500,603.98 |
| | | <hr/> |
| Total Liabilities & Capital | \$ | <u>1,753,739.40</u> |

Document Page 6 of 7

Income Statement

For the Eleven Months Ending November 30, 2017

| | Current Month | | Year to Date | |
|-------------------------------|---------------|--------|--------------|--------|
| Revenues | | | | |
| Room and Board | \$ 98,472.00 | 100.00 | \$ 98,472.00 | 100.00 |
| Total Revenues | 98,472.00 | 100.00 | 98,472.00 | 100.00 |
| Cost of Sales | | | | |
| Total Cost of Sales | 0.00 | 0.00 | 0.00 | 0.00 |
| Gross Profit | 98,472.00 | 100.00 | 98,472.00 | 100.00 |
| Expenses | | | | |
| Management (live-in) | 21,807.59 | 22.15 | 21,807.59 | 22.15 |
| Housekeeping | 5,471.76 | 5.56 | 5,471.76 | 5.56 |
| Groceries | 9,241.76 | 9.39 | 9,241.76 | 9.39 |
| Supplies | 6,482.15 | 6.58 | 6,482.15 | 6.58 |
| Maintenance & Repairs Expense | 1,294.67 | 1.31 | 1,294.67 | 1.31 |
| Utilities Expense | 5,179.60 | 5.26 | 5,179.60 | 5.26 |
| Telephone Expense | 412.85 | 0.42 | 412.85 | 0.42 |
| Insurance Expense | 8,941.27 | 9.08 | 8,941.27 | 9.08 |
| Interest Expense | 34,308.17 | 34.84 | 34,308.17 | 34.84 |
| Total Expenses | 93,139.82 | 94.59 | 93,139.82 | 94.59 |
| Net Income | \$ 5,332.18 | 5.41 | \$ 5,332.18 | 5.41 |

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of Utah**

In re **Sunrise Hospice, LLC**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|-----------------|
| For legal services, I have agreed to accept | \$ | 4,783.00 |
| Prior to the filing of this statement I have received | \$ | 4,783.00 |
| Balance Due | \$ | 0.00 |

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **Matt Baker, managing member and sole owner of the Debtor**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 13, 2017

Date

/s/ Darren Neilson

Darren Neilson

Signature of Attorney

Neilson Law, LLC

2150 S. 1300 E.

Suite 360

Salt Lake City, UT 84106

801-207-9500 Fax: 877-563-7577

darren@neilsonlaw.co

Name of law firm